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CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to the Patent and Trademark Office on July 21, 2004.

Christine Crawford - Secretary to Craig A. Ash

L305 0003
GNM/RAJ/raj

Paper No.: _____

IN THE UNITED STATES PATENT & TRADEMARK OFFICE

Inventor(s): WALTER, Bruno

Title: ACOUSTIC FLOW PULSING APPARATUS AND METHOD FOR
DRILL STRING

Serial No.: 10/614258

Filed: 8 July 2003

Examiner: TSAY, Frank

Art Unit: 3672

Date: 21 July 2004

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

AMENDMENT**Introductory Comments**

Responsive to the Office action mailed 28 April 2004, please amend this application as follows:

- Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.
- Remarks/Arguments begin on page 8 of this paper.

08/04/2004 EKEY11 00000001 021037 10614258

01 FC:2201 43.00 DA
02 FC:2202 9.00 DA

CERTIFICATE OF FACSIMILE TRANSMISSION

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Christine Crawford - Assistant to Craig A. Ash

File No.: L305 0003
CAA/cc

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith for filing in regard to the patent application of:

Inventor(s): WALTER, Bruno.
 Title: ACOUSTIC FLOW PULSING APPARATUS AND METHOD FOR DRILL STRING
 Serial No.: 10/614258
 Filed: 8 July 2003
 Examiner: TSAY, Frank
 Date: July 21, 2004 Art Unit: 3672

Enclosed are:

- [X] Amendment.
 [X] The Commissioner is hereby authorized to charge the indicated fees (\$52.00) or credit over-payment, to Account No. 02-1037
 [X] The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment, to Deposit Account No. 02-1037.

CLAIMS AS AMENDED					
For	No. after amendment	No. paid for previously	Present Extra	Rate	Fee
Total Claims (>20)	21	20	1	\$18.00	\$ 18.00
Indep. Claims (>3)	4	3	1	\$86.00	\$ 86.00
Multiple Dep. Claims	0	0	0	\$280.00	\$ 0.00
TOTAL FEES					\$ 104.00
<i>Reduction by 50% for filing by small entity (Note 37 CFR 1.27)</i>					\$ 52.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$ 52.00

PATENT APPLICATION FEE DETERMINATION RECORD
Effective January 1, 2003

Application or Docket Number

10614258

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	19	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	19 minus 20 = *	
INDEPENDENT CLAIMS	2 minus 3 = *	
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	OTHER THAN SMALL ENTITY	
				RATE	ADDI- TIONAL FEE	OTHER THAN SMALL ENTITY	
Total	*	21	Minus	** 20	= 1	X\$ 9=	9
Independent	*	5	Minus	*** 3	= *	X42=	130
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+140=	

SMALL ENTITY
TYPE OR OTHER THAN
SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	375.00	OR BASIC FEE	750.00
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL	375	TOTAL	

SMALL ENTITY OR OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=	9	OR X\$18=	
X42=	130	OR X84=	
+140=		OR +280=	
TOTAL ADDIT. FEE	52.	TOTAL ADDIT. FEE	

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	OTHER THAN SMALL ENTITY	
				RATE	ADDI- TIONAL FEE	OTHER THAN SMALL ENTITY	
Total	*		Minus	**	=	X\$ 9=	
Independent	*		Minus	***	=	X42=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+140=	

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	OTHER THAN SMALL ENTITY	
				RATE	ADDI- TIONAL FEE	OTHER THAN SMALL ENTITY	
Total	*		Minus	**	=	X\$ 9=	
Independent	*		Minus	***	=	X42=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+140=	

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.